

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/22/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445254</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/19/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>ONEIDA NURSING AND REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>18805 ALBERTA DR ONEIDA, TN 37841</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 025 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure smoke barrier fire ratings are maintained.</p> <p>The findings include:</p> <p>Observation on March 19, 2012 at 11:42 a.m. revealed penetrations above ceiling at rooms 404 and 408.</p> <p>This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on March 19, 2012.</p>	K 025	<p>1. The Maintenance Director repaired the penetrations above the ceiling at rooms 404 and 408 on March 19, 2012.</p> <p>2. The Maintenance Director conducted a visual audit on all rooms above the ceilings. All were found to be in good condition without any penetrations on March 20, 2012 and March 21, 2012.</p> <p>3. The Administrator conducted education with the Maintenance Director regarding proper repairs of penetrations on March 19, 2012.</p> <p>K 025 response continued on blank page 3 of 3.</p>	4-6-12	
K 051 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or</p>	K 051			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Angela L. Whitwood* *Administrator* *4-3-12*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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		K 025	Continued.  4. The Maintenance Director will conduct audits of areas above ceilings for penetrations once a month for three (3) months and/or 100% compliance is met. This audit will become part of the preventative maintenance schedule. These audits will be brought to the monthly Quality Assurance/Performance Improvement meeting by the Maintenance Director. The members of the Quality Assurance/Performance Improvement Committee are the Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Nurse, Business Office Manager, Social Service Director, Rehab Manager, Activity Director, Dietary Manager, Housekeeping/Laundry Manager, Medical Records and Maintenance Director.		
<p><i>Angela K Chitwood</i>      <i>Administrator</i>      <i>4-3-12</i></p>					

APR 04 2012

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K 051	<p>Continued From page 1</p> <p>extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure necessary fire safety equipment is installed to ensure the safety of all occupants.</p> <p>The findings include:</p> <p>Observation on March 19, 2012 at 10:55 a.m. revealed that the dining room exit has no manual fire alarm pull station within five (5) feet of the exit.</p> <p>This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on March 19, 2012.</p>			K 051	<p>1. Simplex Grinnell Company Representative was at the facility on March 23, 2012. Simplex Grinnell Company is conducting work to relocate the current fire alarm pull station, at the dining room exit, to be within five (5) feet of the exit. Work will be completed on April 6, 2012.</p> <p>2. The Maintenance Director conducted an audit of all exits and manual fire alarm pull stations and all were found to be within five (5) feet of the exit on March 19, 2012.</p> <p>3. The Administrator conducted education with the Maintenance Director regarding his responsibility of overseeing any new or changing construction to ensure all exits have a fire alarm pull station within five (5) feet of the exit.</p> <p>K 051 response continued on blank page 3 of 3.</p>		4-6-12

Angela K Chitwood Administrator 4-3-12

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		K 051	Continued.  4. The Maintenance Director will bring audits to the monthly Quality Assurance/Performance Improvement meeting for three (3) months and/or until 100% compliance is met. The members of the Quality Assurance/Performance Improvement Committee are the Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Nurse, Social Service Director, Business Office Manager, Rehab Manager, Dietary Manager, Activity Director, Housekeeping/Laundry Manager, Medical Records, and Maintenance Director.		

*Angela K Chitwood Administrator 4-3-12*

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